

Mr. John Grantham
State of Washington
Department of Ecology
Nuclear & Mixed Waste Program
P. O. Box 47600
Olympia, WA 98504-7600

FLUOR DANIEL, INC.

Date: November 7, 1994

Reference: Hanford Waste Vitrification Plant
DOE Contract DE-AC06-86RL10838
Fluor Contract 8457

Transmittal No.: WDOE-988

Dear Mr. Grantham:

TRANSMITTAL

We enclosed 2 copy of the items listed below. These are issued per US-DOE request.

☐ Approval ☐ Reference ☐ Review and Comment ☒ DCN-RFC

Response due to Fluor: N/A

Responds to: A160 PACKAGE

[illegible]

Reference: FRP-1486, FUP-901

Distribution:

R. L. Long - DOE-RL, w/o
TWP/AME Corresp Cntrl Cntr MSIN A5-10
(A160 PACKAGE), w/o

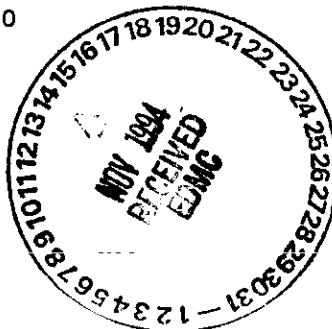
P. Felise - WHC-RL (MSIN G6-06), w/1
Environmental Data Management Center
(MSIN H6-08), w/1

D. Duncan - US EPA, Region X, w/O
M. D. Talbot, WHC - w/O

Very truly yours,

R.S. Poulter
Project Director

RSP:DGL:fps





FLUOR DANIEL

US DEPARTMENT OF ENERGY
HANFORD WASTE VITRIFICATION PLANT

DESIGN CHANGE NOTICE

9513536.0651
DCN - 0198

REV 0

PAGE 1 OF 3

DCN TITLE

Revision of operating
requirements for the
Firewater Pumps PX-
500-002A/B

DATE INITIATED

22 Aug 94

PACKAGE NO.

A160

SECTION 1: DESCRIPTION OF CHANGE

This DCN revises the operating requirements for the Firewater Pumps PX-500-002A/B. Previous requirements are and remain valid. This revision is being made to accommodate the reduced horsepower rating of the pump motors at 150% of rated flow.

Please note that the requirements of NFPA 20 Paragraph 3-2 as well as 6-5.2 apply to the pump and motor. In addition to other submittal requirements Factory Acceptance Test procedures as required by Paragraph 1.6.2.5 of Specification Section B-595-C-A160-15540 shall be provided for the revised operating requirements.

Design calculations as outlined in Paragraph 1.6.2.1 of Specification Section B-595-C-A160-15540 shall be provided for review.

CAUSE OF
CHANGE:

- ☒ Field Change Request
- ☐ Supplier Disposition
- ☐ Deficiency Report
- ☐ Design Development
- ☐ Change Request
- ☐ TBD/Hold
- ☒ Other _____

Initiating Document(s)
EDN T3-030

SECTION 2: EVALUATION

	IF "YES", ADDITIONAL REVIEW REQUIRED BY:	REVIEWER COMMENTS AND SIGNATURE/DATE
WAPA DWG/SPEC? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
QUALITY LEVEL 1 DWG/SPEC? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
SAFETY CLASS 1 OR 2 DWG/SPEC? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	_____	_____
SYSTEMS ANALYSES AFFECTED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	<u>SYSTEMS</u>	<u>No Comment 9/15/94</u>
MULTI-DISCIPLINE CHANGE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<u>Fire Protection</u>	<u>No Comments 9/15/94</u>
DCN Evaluated by: Systems <u>Patricia Grant 9/15/94</u>	ADM <u>Donna R. Cline 9/15/94</u>	

SECTION 3: APPROVED FOR CONSTRUCTION

<u>Donald G. DeBourgh</u>	<u>23 AUG 94</u>	<u>Patricia Grant</u>	<u>9/15/94</u>
Originator	Date	Project/Resident Engineer	Date

SECTION 4: CONCURRENCE

<u>Patricia Grant</u>	<u>10-5-94</u>
Project Management	Date
<u>Patricia Grant</u>	<u>10-5-94</u>
Systems	Date
<u>Shirley Lee</u>	<u>10-6-94</u>
Independent Safety	Date
<u>Engene Smith</u>	<u>10-7-94</u>
Quality Assurance	Date
<u>Frances Stokes</u>	<u>10-6-94</u>
Configuration Management	Date

SECTION 5: RELEASED FOR CONSTRUCTION

PE STAMP REQUIRED? ☒ NO ☐ YES

<u>Patricia Grant</u>	<u>10/26/94</u>
WHC	Date
<u>Patricia Grant</u>	<u>10-18-94</u>
UCAT	Date
<u>Patricia Grant</u>	<u>10/21/94</u>
DOE	Date

COMMENTS:

**FLUOR DANIEL**US DEPARTMENT OF ENERGY
HANFORD WASTE VITRIFICATION PLANT**DCN -0198**

REV

0

DISCIPLINE

Mech

PKG. NO.

A160

PAGE

2

DESIGN CHANGE NOTICE

PREPARED BY:

Date:

DISCIPLINE ENGINEER:

Date:

9/16/94

SECTION 6: CONSTRUCTION DOCUMENTS/AFFECTED

DOCUMENT NUMBER	SHT/ PAGE	REV NO	DOCUMENT NAME	INCLD Y/N	DESCRIPTION OF CHANGE
B-595-C-A160- 15540, Attachment A	DS-2	1	Firewater System Pumps	Y	Revised Operating Conditions

SECTION 7: NON-CONSTRUCTION DOCUMENTS AFFECTED

This section references affected items such as P&IDs or calculations/analyses, but they are generally not included in DCN package.

DOCUMENT NUMBER	SHT/ PAGE	REV NO	DOCUMENT NAME	DESCRIPTION OF CHANGE
H-2-123358	2	9	P&ID System 50: Fire and Process Water Storage	Revised Pump Operating Conditions



FLUOR DANIEL

U. S. Department of Energy
Hanford Waste Vitrification Plant
Richland, Washington
DOE Contract DE-AC06-86RL10838
CENTRIFUGAL PUMPS

NO.	BY DATE	REVISION	SHEET NO. A160-DS-2	REV. 1
△			DATE 12-03-91	CONTRACT 845734
△			TAG NO. PX-500-002A PX-500-002B	
△			SPECIFICATION SECT NO. 15540	
△			FOR CLIENT USE	
△			ORIG JN	CHK'D CD
△			APPR'D	

ALL ITEMS SHALL COMPLY WITH GENERAL SPECIFICATION SHEETS:

A160-15540

Service <u>FIRE WATER PUMPS</u>	No. Motor Driven <u>2</u>	No. Pumps Req. <u>2</u>
Pump Mfr. _____	Pump Tag No. <u>PX-500-002 A</u> <u>PX-500-002 B</u>	No. Turbine Driven _____
Size & Type _____	<u>FIRE WATER PUMPS</u>	Pump Tag No. _____
No. Stages _____	Motor Tag No. <u>SAME</u>	Turbine Tag No. _____
Serial No. _____	Motor Provided By <u>MANUFACTURER</u>	Turbine Provided By _____
		Turbine Mounted By _____

LIQUID	OPERATING CONDITIONS	SITE CONDITIONS
Name: <u>WATER</u>	Capacity (U.S. GPM): Normal <u>1450</u> Rated <u>1500</u>	Temp. (°F): Max. <u>110</u> Min. <u>60</u>
Pumping Temperature (°F): Normal <u>60</u> Max. <u>100</u> Min. <u>45</u>	Discharge Pressure (PSIG): <u>104</u>	Rel. Humid. (%): Max. <u>100</u> Min. <u>10</u>
Specific Gravity: @ <u>60</u> °F = <u>1.00</u>	Suction Pressure (PSIG): Max. _____ Rated <u>.74</u>	Altitude (Feet): <u>714</u>
Vapor Press. (PSIA): <u>0.256</u>	Differential Pressure (PSI): <u>103</u>	<input checked="" type="radio"/> Indoor <input checked="" type="radio"/> Heated <input type="radio"/> Roof
Viscosity (CP): @ <u>60</u> °F = <u>1.129</u>	Differential Head (Feet): <u>239</u>	<input type="radio"/> Outdoor <input type="radio"/> Unheated <input type="radio"/> Sun
Corrosion/Erosion Caused By: <u>NONE</u>	NPSH Available (Feet): <u>32</u>	Area Classification: _____
Remarks: _____	Hydraulic Power (HP): <u>90.5</u>	Other: _____
		Remarks: <u>DCN-0198</u>

PERFORMANCE (To Be Completed By Manufacturer)

Proposal Curve No.: _____	Minimum Continuous Flow (GPM): _____	NPSH Required (Feet Water): _____
Speed (RPM): _____	Thermal _____ Stable _____	3% Head Drop _____
Efficiency (%): _____	Max. Head Rated Imp. (Feet): _____	Suction Specified Speed: _____
Rated Power (BHP): _____	Max. Power Rated Imp. (BHP): _____	

CONSTRUCTION (To Be Completed By Purchaser and Manufacturer)

NOZZLES	SIZE	RATING	FACING	LOCATION	MISC. CONNECTIONS	SIZE	TYPE
Suction	8"	125	F. F.		Drain		
Discharge	6"	125	F. F.		Vent	1/2"	
Casing Mount: <input checked="" type="checkbox"/> Foot <input type="checkbox"/> Bracket					Pressure Gage		
Centerline <input type="checkbox"/> Near Cntrl. <input type="checkbox"/> Inline					Warm Up		
Casing Split: <input checked="" type="checkbox"/> Axial <input type="checkbox"/> Radial					Balance Line		
Casing Type: <input type="checkbox"/> Diffuser <input type="checkbox"/> Staggered					Packing:		
<input checked="" type="checkbox"/> Single Volute <input type="checkbox"/> Double Volute					Manufacturer _____		
Max. Allowable Pressure (PSIG):					Type _____		
At 60 °F _____					Size/No. Rings _____		
At Norm. Pump Temp. _____					Mechanical Seal:		
Hydro Test Pressure (PSIG): _____					API Class Code <u>X</u>		
Lubrication Type: <input type="checkbox"/> API 614					Manufacturer _____		
<input checked="" type="checkbox"/> Grease <input type="checkbox"/> Ring Oil <input type="checkbox"/> Oil Mist					Model _____		
<input type="checkbox"/> Flood <input type="checkbox"/> Flinger <input type="checkbox"/> Pressure					Mfr. Code _____		
Remarks: _____					<input type="radio"/> Cartridge Type Required		
Impeller Diameter (Inches):					Gland Type/Mat'l.: _____		
Rated _____ Max. _____ Min. _____					Gland Plate Tape Required for:		
Impeller Type: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed					<input type="radio"/> Quench <input checked="" type="radio"/> Flush <input type="radio"/> Drain <input type="radio"/> Vent		
Imp. Suction: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Double							
Imp. Mount: <input type="checkbox"/> Btwn. Brgs <input checked="" type="checkbox"/> Overhung							
Rotation (Coupling End): <input type="checkbox"/> CW <input type="checkbox"/> CCW							
Bearing (Type/Number):							
Radial _____							
Thrust _____							
Coupling:							
Manufacturer _____							
Type/Model _____							
Driver Half-Coupling Mounted By:							
<input checked="" type="radio"/> Pump Mfr. <input type="radio"/> Driver Mfr. <input type="radio"/> Purchaser							